ANNUAL REPORT OF DEPARTMENT OF SURGERY

University of Colorado School of Medicine

1954-55

by

Henry Swan, M.D.

ANNUAL REPORT - 1954-55

Department of Surgery

I. Introduction

This was the year that the struggle to establish the Colorado School of Medicine on a sound long-term basis came into the open. To the Department, this meant super-imposition of an extended series of committee and staff meetings on an already over-busy schedule. The service, teaching, and research activities of the Department have remained at a level which sorely taxes the energies of our staff which remained unchanged in size and composition throughout the year. In addition, increasing national obligations, both governmental and to medical societies, has complicated the life of many of our staff by enforcing frequent business trips outside the city. "More and more meetings" is not merely a local disease! Yet despite these activities, the staff was glad to expend the effort inherent in the development of a plan involving incorporation of private practice into the structure of the Medical School, because of the firm conviction that some such a system is essential for the long term growth and welfare of the School.

For the past two years we have strongly urged in this report the desirability of the establishment of a University Hospital at this medical school. The need for an additional basis of economic support, the value of private patients to the clinical faculty and house staff, the lifting of geographic and economic barriers to clinical material for research and teaching, and the potential for endowment are so compelling that one might wonder why there should be debate on this point at all. The national pattern of medical schools in this regard is clear: all the leading medical schools have some system for private practice; no state or private school has been able to achieve and maintain distinction without it. It is true that in certain instances, individuals have abused their academic positions and have forgotten their obligations to their school in their drive for economic advantage. Fortunately, such instances are relatively few, and systems can be devised to make such abuse difficult to achieve. Surely, it is clear that all serious members of a faculty are strongly opposed to such practices.

We think it fair to state that the current organization of medical education in this country has been the primary reason for the development of what might be termed the Golden Age of Medicine in America. The critical step was the marriage of the medical schools with the hospital. This evolution began around the turn of the century, and gradually spread throughout the country. Thus, adequate clinical teaching material was placed under the control of the medical faculties and ushered in the era of the integration of science and art at the bedside. Such an organizational pattern enabled the growth of the resident system of graduate training, which began slowly, but which, because of the evident quality of its product, has grown and prospered. And with it, as clinical faculties became "full-time", there emerged the clinical experimental laboratories which have become the pride of our Universities and the envy of the world. The maintenance of this leadership of its schools is critical to the quality of the practise of medicine in this country. And quality is, indeed, the essence of the discussion. The quality of a medical school, as indeed of any school, is dependent on the quality of its faculty. A school is a faculty. To attract and keep individuals of outstanding merit a school must be able to offer

opportunity for work involving adequate clinical and research resources, and must provide reasonable economic security and professional dignity. This matter is, of course, one of competition between schools. We have heard it argued that Colorado is a "poor" state and cannot afford to compete for a quality medical school. Such faint heart sentiments leave us cold. The per capita wealth of Colorado is already in the middle brackets nation-wise, and the growth and production capacity of the area is but scratched. The time has come when we are no longer a frontier territory; we are capable of playing a leading part in the cultural and intellectual life of the country.

This is the feeling of the Regents of the University. On February, 1955, it was announced that they intended to institute private practise at the Medical School by the construction of a private wing at Colorado General Hospital. This announcement touched off a series of organizational and individual arguments and debates in medical circles in this community which is still in a crescendo stage. The development of a suitable plan geared to the needs of this medical school became a matter of urgent need. From March through the end of the year, numberless departmental, institutional and extra-campus meetings have been held in this regard.

The part played by the Department in this effort may be outlined as follows. The Executive Committee of the Department met and strongly endorsed the principle of private practise at the School of Medicine. The Department Staff, at a stormy session, upheld this action. A committee of the Department Staff, consisting of Drs. Eiseman, Foster, Miles, Sawyer, Wollgast, and Swan were instructed to meet and evolve the principles and details of a plan which would represent the best interests both of the school and the Department. After extensive correspondence with other schools and doctors in other communities, and after many meetings, a plan for geographic full-time with economic limitations was agreed upon. This plan was approved by the Executive Committee and subsequently, with minor modifications, by the Department Staff as a whole.

Subsequently, this plan, together with those evolved by other departments was presented for consideration by an institutional committee composed of volunteer and full-time faculty. After much debate and give-and-take, this committee emerged with a recommendation for the organization of private practise in this school based on the construction of a wing to be added to Colorado General Hospital and utilizing the principle of geographic full-time with strict economic limitations. This plan was subsequently approved with only one dissenting vote by the Executive Faculty.

Thus, a plan has been developed in a democratic fashion in which any and all members of the faculty, volunteer or full-time, who so desired, have had a voice in shaping. We believe it is a good plan. Its fate remains now in the hands of high level administration.

This effort, however, occurred at a time when our clinical load was at a high. The development of hypothermia as a clinical modality in this medical center has resulted in an increasing number of patients with cardiac disease presenting themselves for treatment. It was extremely flattering to us to see the world-wide interest in this work as manifested by the number of physicians and surgeons who visited our operating theatres during the year.

For the sake of our records a list of these visitors is included in this report (Section VII). A gratifying side-light of this work which has been pursued in the laboratory and in the operating room for the past three years was the receipt of the Hektoen Gold Medal Award at the annual session of The American Medical Association for the exhibit we presented, entitled "Hypothermia in Surgery", by Henry Swan, Sylvan Baer, Emil Blair, Arthur Prevedel, Vernon Montgomery, and Strother Marshall. We believe that this is the first time this award has been given to an exhibit from this state.

A major problem in both Denver General and Colorado General Hospitals has been the nursing shortage. This has so curtailed the patient turnover in Denver General Hospital as to seriously threaten the quality of our teaching program there. We are proud of our administration in their bold effort to raise the level of nurses salaries in the face of the organized opposition of the hospital administrators of the community. Nursing is a skilled profession; and Denver must fall in line with the economic recognition given its members in other communities if we are to attract sufficient nurses to our hospitals.

As one means of partially obviating this difficulty, we have urged the development of an intensive nursing center at Colorado General Hospital for use by critically ill and postoperative patients from the entire surgical service. By combining these patients geographically into a well-equipped unit, a substantial saving in cost for special nursing should be possible.

One major change in the Department personnel was caused by the sudden and unexpected death of Dr. Harold L. Hickey, Chief of the Division of Otolaryngology, on December 29, 1954. Dr. Hickey was at the helm of the Division at a time when the changing nature of the practise of the specialty, together with the growth of competing disciplines posed a multitude of difficult problems which have yet to be solved. His strong principles and the integrity with which he upheld them, could not but excite respect and admiration. The appointment of Dr. Hermann Laff to the rank of Professor and Chief of the Division gives him many knotty problems but he may depend upon the interest and good-will of the entire Department in his effort to resolve them.

We were again rewarded by a stimulating evening April 11, 1955, on the occasion of the Eighth Annual O. F. Clagett Lectureship. Dr. Earle B. Mahoney of Rochester, New York, discussed the difficult problem of vena caval ligation and pulmonary embolism. We remain continually indebted to Dr. "Jim" who has made this series in honor of his father, possible.

At the Denver General Hospital, the office space of the Department of Surgery has been increased to include an additional office in the west corridor of the first floor of the Denver General Hospital adjacent to the Psychiatric Offices. This office is currently being used by Dr. James S. Miles, Chief of Orthopedic Service of the Hospital. Thus, Dr. Miles' previous office became available for the general surgical and orthopedic residents; this room is particularly desirable because its large floor space can easily accommodate several desks.

The laboratory space in the Research Laboratory has remained static.

At the present time at the Denver General Hospital, as at the Medical School, there is an urgent need for animal facilities both for small and large animals. It is believed that the recent interest in the American Humane Society in moving their national offices to Denver may stimulate further efforts to remedy this situation.

The Tumor Clinic has steadily grown and its detailed activities are included under the report of the Bonfils Tumor Clinic. However, the entire administrative and professional staff of this hospital recognizes the obsolescence of the physical facilities for the entire Out-Patient Department, and Dr. Jacob Horowitz has entered into negotiations to extend these facilities. The long term plan of the hospital is the construction of a new facility on the grounds now occupied by the old Steele Hospital.

Alterations in the Denver General Hospital itself have involved the Department of Surgery to a considerable degree. During the year the old surgical amphitheater was reconverted so that the second floor area may be available for an additional operating room, which is now in the process of construction. The third floor portion of this area will become available for a surgical ward. The condemned Surgical Ward #2 has been closed because of structural insufficiency and the patients distributed to the other wards. A classroom on the second floor accommodating ninety students has been substituted for the old surgical amphitheater, because of the insufficiency of ventilation and seating space for the combined Junior and Senior classes such as attend the Radiology Conference on Saturday mornings. It has been felt that an additional amphitheater for large groups will be necessary. Plans for this facility are being included in the planning for the new out-patient buildings.

During the latter half of the year, a decentralized system of cast rooms was initiated to provide more efficient care of out-patients.

The unit record system has been instituted with attendant advantages. The previous opinion of the Department regarding the value of the General Medical Clinic for greater teaching material in Surgery maintained status quo, namely, that its value is marginal. The great need in the Denver General Hospital is an explanation and elaboration of the services available in the Medical Out-Patient Clinic. At the present time the cases are seen in the Surgical Out-Patient Clinics which do not properly belong there and which could be seen to advantage in a medical out-patient department. However, these patients are seen because of the ready availability of the Surgical Out-Patient Clinics and the considerable yield of surgical material which is obtained therefrom.

During the past year a progressively closer affiliation has developed between the surgical service of the Medical School and that of the VA Hospital. This has proven to be a happy relationship with many mutual benefits.

At the medical student level approximately one-third of surgical training is now carried out at the VA Hospital. In the junior year lecture and clinic assignments are given at the VA Hospital in rotation with the Denver General Hospital and the Colorado General Hospital. In the senior year one-

third of the surgical clinical clerks are assigned to the surgical wards of the VA Hospital at all times for experience in general surgery, orthopedics, urology and neurosurgery. This has provided the Medical School teaching program with approximately 150 more ward teaching beds. Student instruction and supervision is provided both by the VA staff and the Medical School faculty in their capacity as attendings and consultants at the VA Hospital.

Further integration has been attained between the VA and the Medical Center surgical residency programs during the past year. In both general surgery and in urology residents from the Medical Center take a part of their training at the VA Hospital. Similarly, VA surgical residents are assigned to both the Colorado General and Denver General Hospitals in female surgery, pediatric surgery and for fractures and orthopedics.

A most welcome dividend from the VA Hospital affiliation has been the research opportunities it has afforded. The VA patient material has been included in several of the clinical research studies emanating from the surgical service of the School. The recent completion of the three story research building at the VA Hospital has been actively utilized by both VA and Medical School surgical personnel. This has very appreciably expanded the surgical laboratories, personnel and potential investigative productivity of our Department as witnessed by a number of research projects that are jointly being pursued by members of our department in the VA Hospital research building.

The administrative staff of the Department underwent several changes during the year. Miss Alice McCabe returned to her home in Harlingen, Texas, and was replaced by Mrs. Maxine Trego. The Department office at Denver General lost two secretaries at the end of the year by the resignation of Mrs. Alice Thure and Mrs. Nancy Boyle, who left the city. Miss Lodema Wefso replaced Mrs. Boyle. "Betty" Willins, ably assisted by Mrs. Marjorie Keniston, continued to cope with the ever increasing administrative load in the Department Offices at Colorado General, while Ella Mae Moore remained at the helm in the office of the Division of Anaesthesiology.